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# ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 02 Issue 12

September 2002

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## Message from the Chief



September 11<sup>th</sup> marks a year of remembrance and reflection for us all. The events of 9/11 are seared into the memory of every adult in America and around the world. This day changed each of us forever, making us sad, angry, and keenly more aware of both life's fragility and its infinite value. As we mark the first anniversary, I encourage each of you to take the time to reflect on what is really important in our lives. I hope that we may all recognize the growth of this great nation of ours, and the increased national pride since the horrific attacks on the World Trade Center and the Pentagon.

One year later, our nation is immersed in a war against global terrorism. In spite of that, many amazing things are occurring in our country, in our Army and in the Army Nurse Corps. I'd like to take this time to reflect on the positive things that have resulted from such a tragedy. In less than one short year, the Pentagon has been fully renovated and reopened. In fact, the Pentagon was able to maintain total function from the moment that the plane struck the building. Many heroes gave the ultimate sacrifice on that day in September, yet many more people have devoted countless hours to the restoration of our Nation's symbol of strength and well-being. Those folks

include the many who cleaned up at the disaster sites, reached out to comfort the grieving families, or simply donated a unit of blood for the benefit of those in need. The country is still experiencing the outpouring of support and strength from Americans who will not concede our coveted way of life.

Our Armed Forces are experiencing a deployment rate not seen since Operation Desert Shield/Desert Storm. The Army Nurse Corps has many nurses deployed in

support of Operation Enduring Freedom and has very capable and brave folks deployed all over the globe in support of our efforts to contain and eliminate terrorism. In addition, and certainly just as important, are all those members of the Army Nurse Corps who have remained stateside caring for our soldiers' families and our millions of deserving beneficiaries. I salute all of you as each has a role in providing the outstanding leadership and caring that our soldiers and our Nation need at this critical time in our history. As I travel and meet with Army Nurses, I often ask them how the events of 9/11 have impacted them. Some tell me that they are concerned about what may happen in the future, some tell me that they are ready to deploy at any time and some tell me that they, frankly, have never been more committed to the Army. It is these kind of responses that reaffirm the greatness of our Corps.

There are many remembrance activities taking place both at the World Trade Center and the Pentagon on 11 September 2002. There are simple things you may choose to do in your daily lives to reflect on the events. Many will wear red, white and blue, fly the U.S. Flag, state the Pledge of Allegiance, or spend a moment in silence. I encourage you to take any measure that helps you mark this somber anniversary. Your chosen actions will show your deep support for those who lost their lives and the families they left behind, pay respect to the victims of that day, honor those who worked to save them, show our great Nation's solidarity and continue to show support for the men and women of the Armed Forces. I want to personally thank each of you for the great job you do every day.

We in the Army Nurse Corps continue to play a vital role as our nation responds in force to the senseless terrorists acts of September 11<sup>th</sup>, whether in homeland defense, in our MTFs or in a deployed environment. You should all be extremely proud of the great support you are providing to our Army and to our Nation. On behalf of a grateful AMEDD and an even more grateful Army, I thank you for your professionalism and for your selfless service.

**Army Nurses are Ready, Caring, and Proud!**

Bill Bester  
BG, AN  
Chief, Army Nurse Corps

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AN Web Site:

[www.armymedicine.army.mil/otsg/nurse/index.htm](http://www.armymedicine.army.mil/otsg/nurse/index.htm)

ANC Branch PERSCOM:

[www.perscomonline.army.mil/ophsdan/default.htm](http://www.perscomonline.army.mil/ophsdan/default.htm)

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### ANC Newsletter Article Submissions

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to MAJ Laura Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication after their nursing chain of command reviews the article.

## PERSCOM UPDATE

### Army Nurse Corps Branch Web Page

The direct address for our web page is:  
[www.perscomonline.army.mil/ophsdan/default.htm](http://www.perscomonline.army.mil/ophsdan/default.htm). Please visit our website to learn more about the AN Branch and for matters pertaining to your military career.

### Upcoming Boards

23 - 26 Sep 2002	Chief Nurse Advisory Board
01 - 11 Oct 2002	MAJ AMEDD
31 Oct 2002	LTHET Board (Anesthesia Nursing)
Nov 2002	LTC Command Board
Dec 2002	COL Command Board

See PERSCOM Online ([www.perscom.army.mil](http://www.perscom.army.mil)) for MILPER messages and more board information. To access the messages, go to PERSCOM Online, double click "Hot Topics" and then select MILPER Messages.

**FY02 Chief Nurse Advisory Board:** 23-26 September 2002. Eligibility: LTC(P) or higher, have less than 336 months AFCS as of 1 June 2002; Masters Degree; MEL 4 or higher; no approved retirement; not under suspension of favorable personnel actions; and a minimum two years time on station.

### Projected Chief Nurse vacancies for summer FY03:

**MEDCEN:** Landstuhl Regional Medical Center (Germany) and 18<sup>th</sup> Medical Command (Korea).

**TO&E Group:** 44<sup>th</sup> Medical Brigade (Ft Bragg).

**Large MEDDAC:** Fort Benning, Fort Campbell, and Fort Hood.

**Medium MEDDAC:** Fort Wainwright (Alaska), Fort Riley, Fort Sill, West Point, Fort Belvoir, Fort Eustis, Fort Leonard Wood, Fort Irwin, Fort Stewart, Heidelberg, and Wuerzburg.

**Small MEDDAC:** Fort Huachuca, Fort Meade, and Redstone Arsenal. The POC is COL Sharon Feeney-Jones, DSN 221-2395, e-mail [feeneys@hoffman.army.mil](mailto:feeneys@hoffman.army.mil).

### \*\*\*Critical Skill Retention Bonus News Flash\*\*\*

The Critical Skills Retention Bonus (CSRB) is now available for selected AMEDD officers. This is not solely an Army Nurse Corps program, but an Army Medical Department initiative that includes Nurses, Physicians, and Dentists. This process has taken us a couple of years of hard work to get it advanced to this point. Although it is far from perfect, it is a start in the retention process of AMEDD officers. The Perioperative Nurses, Nurse Anesthetists, and Intensive Care Nurses were initially identified for the CSRB. However, the final decision from Congress stated retention bonuses would be offered to *only* the 66Fs and 66Es. We certainly will revisit the 66H8As and other critically short AOC/SSIs in future years.

Please understand the CSRB is **NOT** specialty pay. This is a **RETENTION BONUS** and thus has different parameters than specialty pay.

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In order to qualify for a retention bonus, you must meet certain requirements. Some requirements may be waived and worked out on a case-by-case basis. Please contact AN Branch or Specialty Pay Branch (PERSCOM) for guidance at 703-325-2330.

The following parameters must be met to qualify for this retention bonus:

1. You must be a 66E or a 66F as of 30 September 02.
2. You must have a minimum of 3 years (36 months) of credible active federal service as of 30 September 02. An exception has been made for the OR nurses. A 66E with one year of active service can apply for a waiver, approved by the local commander. Approval/execution of a valid contract for these officers will extend any existing obligation by one year.
3. MC, DC and ANs must have less than 24 years (288 months) of active federal service as of 30 September 02.
4. Officers must have 2 years (24 months) or less remaining on any active duty service obligation (ADSO) for Graduate Professional Education as of 30 September 02.
5. The 75% Rule: At least 75% of duties performed while under Critical Skills Retention Bonus Contract must be duties directly pertaining to the qualifying specialty, confirmed by signature of the individual and his/her commander on the contract. Those officers with the AOC of 66F & 66E attending CGSC, SSC, Command, Recruiting, etc can qualify for the CSRB.
6. The VI year of obligation runs concurrent with the CSRB obligation.
7. Accepting the CSRB while still having an existing ADSO, means that the CSRB obligation of a 1- year extension is in addition to the ADSO and does not run concurrently. This requirement pertains to MCs, DCs, and ANs.

**All contracts are effective 30 September 02 and must be received for processing no later than 2 October 02.** The CSRB is a step in the right direction for the Army Nurse Corps. Although we did not get everything we requested, this initiative is a positive step in the right direction. Hopefully, next year, Congress will approve the CSRB and possibly expand the criteria to include the 66H8As. Additionally, we have requested, again, to waive the 24-yr. AFS mandate.

More detailed information can be obtained at [www.mods.army.mil](http://www.mods.army.mil). If you are not on the eligibility roster and believe you are eligible, notify the AMEDD Special Pay Branch at Comm. 703-325-2375; DSN 221-2375.

### LTHET

The LTHET Board results were disseminated to the Deputy Commanders of Nursing on 9 SEP. AN Branch will send LTHET applicants a letter of congratulations and the LTHET Agreement via the officer's AKO account. The Agreement confirms each officer's selected specialty, tuition cap, and Active Duty Service Obligation (ADSO) associated with graduate studies.

Please note the following:

Degree/Specialty	Length of Programs	ADSO
MSN	21 months	4 years
CHN/MPH	24 months	4 years
Midwifery	24 months	4 years
FPN	24 months	4 years
Baylor	24 months	4 years
Perioperative NSG	24 months	4 years
Anesthesia	30 months	4.5 years
Ph.D. in Nursing	36 months	5 years
Ph.D. in Sciences	48 months	6 years
<b>Tuition Cap \$3000/Semester or \$2250/Quarter</b>		

Officers selected to attend civilian schools must apply and seek acceptance to a civilian school NLT the Jan/Feb 2003 timeframe. An official letter of acceptance must be received at AN Branch NLT Feb/Mar 2003. \*Anesthesia programs (UTHHSC & USUHS), FNP & Perioperative programs (USUHS), and the Baylor program start in early June, while civilian MSN/Ph.D. programs start the last week of August or early September. Officers report to school 10 days before the first day of classes (not orientation).

Officers who submitted waiver requests and were approved must satisfy those obligations before attending school (i.e. must attend Officer Advanced Course, accept Regular Army or Voluntary Indefinite status etc.). Coordinate with your Chief Nurse to attend an Officer Advanced Course that causes the least disruption to the unit/organization. Potential OAC dates include:

- \*06 January 2003 – 11 March 2003 (14 seats available)
- \*24 March – 23 May 2003
- \*09 July – 10 September 2003 (Only an option if school starts late in September)

**\*The information above is provided for general planning purposes. Dates are subject to change.**

#### News Flash:

AN Branch is adding a **second 66F LTHET Board**. The purpose of this board is to select additional Anesthesia Nursing applicants. Branch **did not** receive enough qualified Anesthesia Nursing applicants for the FY03 school year to meet our Objective Force Model requirements. We need your help to get a minimum of 15 additional **qualified** officers to submit packets for the board. The board is scheduled for 31 October 2002. **Packets are due to Branch NLT 16 October 2002.** Officers who submitted applications for the 29 July - 2 August LTHET Board will not be affected by the additional board or its results. Officers selected by the board will attend only the Army's UTHHSC Anesthesia Program.

Applicants must meet current FY03 LTHET Guidelines requirements. The best-qualified applicants are those with an overall 3.0 GPA, a science GPA of 3.0, a GRE =1500, a solid performance record and favorable promotion potential. Critical care experience is strongly recommended, but not a requirement. Officers who do not have critical care experience are required to PCS early to BAMC to obtain

critical care familiarization before the start of class, if your facility (or region) cannot provide the training. **AN Branch will consider all waiver requests. Officers who started the application process for the 29 July - 2 August board but did not follow through are highly encouraged to complete a packet for the board.** Direct Accessions are eligible. Contact MAJ Lang ASAP at 703-325-2397 if you are interested.

One of the most FAQ AN Branch receives is, what makes a competitive LTHET applicant? The information below is what we found based on After Action Reports from previous boards:

#### **Baylor:**

- Strong CN letter
- GRE 1400 or better
- GPA 3.2 or better (especially in math and statistics)

#### **Anesthesia Nursing:**

- Strong letter of recommendation
- Strong recommendation from the Chief, Anesthesia Nursing
- GRE 1500 or better
- GPA 3.2 or better (especially in the hard sciences)
- Critical Care experience (minimum 1 year)

#### **Ph.D:**

- Strong letter of recommendation
- Successful interview and strong letter from Regional Research Consultant
- Publication in peer reviewed journal (writing samples are accepted, if not published)
- GRE 1500 or better
- GPA 3.2 or better

#### **MSN:**

- Strong letter of recommendation
- GRE 1350 or better
- GPA 3.0 or better
- Graduate courses that demonstrate ability to do the work, if undergraduate GPA was below 3.0

#### **Congressional Fellowships**

The Army Congressional Fellowship Program provides (Major and Lieutenant Colonel) officers an opportunity to obtain training experiences that will markedly enhance their value to the Army and set them apart from their peers. Nominations are due at AN Branch (MAJ Lang) **NLT 18 September 2002.** If selected, the officer will participate in the Fellowship from September 2003 – November 2004. Contact MAJ Lang to assist in preparing your file or access the AN Branch website for guidance. AN Branch cannot accept late nominations, so do not delay in preparing your file.

#### **White House Fellowship**

Each year, the President's Commission on White House Fellows selects exceptionally promising individuals from all sectors of American life to serve as White House Fellows. Fellows write speeches, help review and draft proposed

legislation, answer congressional inquiries, chair meetings, conduct briefings, and otherwise assist high-level government officials. Officers will be assigned to a senior White House official, Cabinet Secretary, or deputy. Nominations are due at AN Branch **NLT 15 November 2002**. Contact MAJ Lang to assist in preparing your file or access the AN Branch website for guidance. AN Branch cannot accept late nominations, so do not delay in preparing your file.

### **Training with Industry (TWI)**

**\*\*AN Branch is currently accepting TWI nominations for the Joint Commission of Accreditation of Health Care Organizations (JCAHO), Center for Medicare and Medicaid Services (CMS), and the RAND Arroyo Fellowship. Applicants should forward nomination packets NLT 15 October 2002 and include the following:**

1. DA 4187 (The following must be annotated in the remarks section: mailing address, email address, work number and the statement "I request permission to compete for the...")
2. DA 1618
3. Deputy Commander for Nursing recommendation
4. Goals and objectives memorandum
5. CV
6. Height / Weight statement
7. Updated photo
8. Signed Active Duty Service Obligation Statement (MAJ Lang has the form)

**\*\*Note:** The Secretary of Defense is currently reviewing the status of all fellowships, so all fellowship boards are on hold until the review is complete. AN Branch encourages potential applicants to continue working on the nominations packet and forward them to MAJ Lang **NLT 15 October 2002**.

### **Short Courses**

To find out the updated class schedule, please visit the Army Nurse Corps branch web site at  
<https://www.perscomonline.army.mil/ophsdan/profdevt.htm>

To find the latest course schedules for military short courses check the following web sites:

Combat Casualty Care Course (C4) and Joint Operations Medical Management Course (C4A): [www.dmrta.army.mil](http://www.dmrta.army.mil)  
Chemical Casualty Course: [www.ccc.apgea.army.mil](http://www.ccc.apgea.army.mil)  
HNLDC and ANLDC: [www.dns.amedd.army.mil/ANPD/index.htm](http://www.dns.amedd.army.mil/ANPD/index.htm)

### **Preparation for TDY Courses**

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to pass the course.

### **Officer Advanced Course**

**Officers must complete both phases of OAC within two years of phase 1 enrollment.** Once an officer has a confirmed seat in the OAC, the officer should access the

AMEDDC&S OAC website to obtain a welcome letter, inprocessing information and more.

AN Branch is not responsible for generating the fund citation or DA 1610 for an officer's TDY to the Officer Advanced Course. Each installation is provided (MTSA) funds that are used for paying for an officer's Officer Advanced Course attendance. Officers scheduled for OAC should contact the (MTF) Education Officer to assist with obtaining a MTSA fund cite and orders. Officers should not report to the AMEDD Officer Advanced Course without being confirmed a seat in the Army Training Requirements and Resources System (ATRRS). Officers who report to OAC without proper registration are subject to being returned to their unit. Officer Advanced Course dates are posted at:

<https://www.perscomonline.army.mil/ophsdan/profdevt.htm>.

### **CGSC and CAS3 through the Reserves**

The Non-resident Command and General Staff College and Combined Armed Staff Services School is an excellent way to fulfill Military Education Level requirements when residence schooling is not an option. Plan early. Fax DA 3838 to MAJ Gary Lang at DSN 221-2392, com. 703-325-2392. Non-resident CGSC is centrally funded, however, non-resident CAS3 is funded by your installation MTSA (similar to Officer Advanced Course). Both CGSC and CAS3 are popular programs, so seats and funding deplete early. Individual facilities can elect to fund an officer for CGSC if central funding is not available. MAJ Gary Lang is the POC for CGSC and CAS3 registration. **If you are currently enrolled in another service's CGSC or are contemplating signing up for another service's CGSC, please contact your PMO PRIOR to discuss your plan.**

### **Generic Course Guarantee**

Information on GCG is located in our website  
(<http://www.perscom.army.mil/ophsdan/profdevt.htm>).

### **AOC/ASI Producing Courses POCs**

Critical Care Course, Emergency Nursing Course: LTC Diaz-Hays at [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil)  
Psychiatric-Mental Health and OB-GYN Nursing Course Manager: MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil)  
Perioperative Nursing Course Manager: LTC Newman at [newmanj@hoffman.army.mil](mailto:newmanj@hoffman.army.mil).

Please check the AN branch web site at  
[www.perscomonline.army.mil/ophsdan/default.htm](http://www.perscomonline.army.mil/ophsdan/default.htm) (click on professional development) for information on application suspense dates to AN branch or contact LTC Diaz-Hays at [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil) or MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil).

Congratulations letters were forwarded to Critical Care and Emergency Nursing Courses selects. Course dates are 04 November 2002 to 14 March 2003.

The next Psychiatric-Mental Health Nursing course at WRAMC is scheduled for MAR-JUL 03. We are accepting



**Assignment Opportunities for 66C7T CPT**

Assignment opportunity is immediately available for a 66C7T CPT with the 86<sup>th</sup> CSH at Fort Campbell, Kentucky.

**Assignment Opportunities for 66H Lieutenants**

Assignment opportunities available for 66H Lieutenants include WBAMC (El Paso, TX), Ft. Polk, LA, Ft. Irwin, CA, Ft. Jackson, SC, and Alaska. If interested, please contact LTC Diaz-Hays at [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil).

**Assignment Opportunities for Captains**

Please note Division nurse positions are still needed at Fort Lewis and Fort Bragg. Please view the website for all the latest openings. If interested please notify your Chief Nurse and then contact MAJ(P) Greta Krapohl at [krapohl@hoffman.army.mil](mailto:krapohl@hoffman.army.mil).

**Assignment Opportunities for MAJ and CPT(P) 66H, 8A, M5 and 66P**

Assignment opportunities are available for upcoming winter and summer cycles in a variety of locations, please check our website at <https://www.perscomonline.army.mil/OPhsdan/assignments.htm>. For those PCSing this winter, please inquire to MAJ Ahearne, [ahearnep@hoffman.army.mil](mailto:ahearnep@hoffman.army.mil).

**TIPS from the Future Readiness Officer: CPT Simmons**

In the next few months, many Nurse Corps will have records before a board. The guidance provided below will help ensure that the records are an accurate representation of the officer.

**Reviewing your ORB**

If you have any questions on any ORB information, please e-mail the Future Readiness Officer, AN Branch [simmonj0@hoffman.army.mil](mailto:simmonj0@hoffman.army.mil).

**Section I: Assignment Information**

Make sure your overseas assignments are listed. With some exceptions, deployments are not listed. You may ask your PMO to find out the rules on short and long tours. Generally, a long tour is defined as a tour that is 36 months accompanied or 24 months unaccompanied.

**Section II: Security Data**

Make sure you have a security clearance listed. If not, call your security office immediately. The rules keep changing on expiration dates, so do not be too concerned with the date of your clearance unless your security office or an assignment mandates an update.

**Section III: Service Data**

Make sure all dates are accurate. These may decide your retirement options some day.

**Section IV: Personal/Family Data:**

You must keep this current, including your mailing address. You may change this through your Military Personnel Office (MILPO), but your career manager must also be aware of any changes. Make sure that your correct e-mail address and phone number are listed. You should use your AKO e-mail

applications for this course. If you are interested, please contact your Chief Nurse or MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil).

Congratulations letters were forwarded to OB/GYN Course selects for the NOV'02 Course. There are still seats available for this course. Need applications ASAP. Please contact your Chief Nurse or MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil) if you are interested or need more information.

Upcoming Community Health Nurse courses include the 6A-F6 Preventive Medicine Program Management Course, 21 JAN-1 FEB 03. The focus of this course is on leadership development of the mid-level officer. The next 6A-F5 Community Health Nurse (CHN) AOC Course is scheduled for 23 MAR-23 MAY 03. The pre-requisite for the CHN AOC Course is the 6H-F9 STD/Communicable Disease Intervention Course scheduled for 9-21 MAR 03. Interested officers should contact the Community Health Nursing Manager: MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil).

Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY02 AOC/ASI Course dates are listed at <https://www.perscomonline.army.mil/ophsdan/profdevt.htm>.

**Assignment Opportunities for 66F and 66E**

Assignment opportunities are available for 66Fs and 66Es in a variety of locations, please check our website at <https://www.perscomonline.army.mil/OPhsdan/assignments.htm>. For these and other opportunities, please inquire to LTC Newman ASAP, [newmanj@hoffman.army.mil](mailto:newmanj@hoffman.army.mil).

\*Please contact MAJ Doreen Agin, [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil), for details on **66B, 66G, 66G8D, 66C, and 66C7T** for the below openings:

**Assignment Opportunities for 66B-All Grades**

There are assignment opportunities available for winter and summer 03 in Korea. Other summer 03 openings are available at Ft Bragg, Fort Irwin, Ft Gordon, and Ft Benning.

**Assignment Opportunities for 66G -All Grades**

Assignment opportunities available immediately and summer 03 for 66G's include Korea; Fort Wainwright, Alaska; Landstuhl and Heidelberg, GE; Fort Irwin, California; Fort Riley, Kansas; Fort Sill, Oklahoma; Fort Polk, LA; Fort Stewart, GA and Fort Hood, TX.

**Assignment Opportunities for 66G8D**

There is a position opening for spring 2003 for 66G8D at Fort Drum, NY. There are also positions opening for summer '03 at Fort Belvoir and Fort Knox.

**Assignment Opportunities for 66C-All Grades**

Assignment opportunities are immediately available for 66C's at Walter Reed Army Medical Center; Landstuhl, Germany and Korea. Summer 03 assignment opportunities include Korea; Walter Reed Army Med Center; Fort Leonardwood, MO; WBAMC, El Paso, TX; 115<sup>th</sup> FH, Fort Polk, LA; Fort Bragg, NC; DDEAMC, Fort Gordon, GA; Fort Benning, GA and Fort Jackson, SC.

address. It remains the same regardless of your location.

**Section V: Foreign Language:**

Entered if you have taken a language proficiency exam and received a score. AN Branch does not enter special language information on ORB.

**Section VI: Military Education Level (MEL):**

Shows attendance at OBC, OAC, CAS3, CGSC, or SSC; for Warrant Officers: WOBC, WOSC, WOSSC. These courses change the MEL level. Other non-MEL military courses may also be listed here.

**Section VII: Civilian Education Level (CEL):**

You must have your highest civilian education degree listed. To update your file, send a copy of original transcripts to the Education Management Officer, AN Branch.

**Section VIII: Awards and Decorations:**

Make sure all awards and badges are listed, matching your microfiche and DA photo.

**Section IX: Assignment History:**

Make sure you have one entry for each duty site. Your duty titles should match your OERs. You should not have INCOMING PERSONNEL, EXCESS, OVERSTRENGTH, etc. as a duty title. If you are assigned to a specific ward/unit, please list down the ward/unit's name, not the ward number (example: Head Nurse, Ortho. Ward; Clin Staff Nurse, SICU). Your local MILPO can update your assignment history/duty title.

**Section X: Remarks:**

Your photo date should match your photo. Completed board certification should be listed and must not be expired.

**To update your ORB:** Take your documentation to your MILPO. They can update most items. If they cannot, e-mail the AN Branch to see how to update that particular item.

**To order your ORB:** Call your local personnel support (where your records are kept) and ask them for a current copy of your Officer Record Brief (ORB). PERSCOM does not distribute these.

**Reviewing Your OMPF online:** The following are items to look for while reviewing your microfiche. For more detailed questions, please e-mail the FRO, AN Branch.

**Performance Data:** Make sure all of your AERs and OERs are listed, readable, and in order. Your CAS3 completion certificate is also entered here. To check on your latest OER received, call the OER hotline at (703) 325-2OER (2637) / DSN: 221-2637.

**Education & Training:** All degrees (Baccalaureate and higher) on your ORB must have transcripts here. You may send in completion certificates from military courses that are 40 hours or more.

**Commendatory and Disciplinary Data:** You should have one certificate/set of orders for each award and badge listed on your ORB. Selected Certificates of Achievement may be posted. Letters of appreciation do not go on your fiche.

**Service Data:** Administrative paperwork. This section is not seen by a board, but should still be accurate.

**To update your OMPF mail documents to:**

Commander  
U.S. Total Army PERSCOM  
ATTN: TAPC-MSR  
200 Stovall Street  
Alexandria, VA 22332-0444

**ARMY NURSE CORPS HISTORIAN**  
**National Hispanic Heritage Month**  
**Proud to Serve: The Historical Path of Hispanic**  
**Army Nurse Corps Officers**  
***MAJ Jennifer L. Petersen***

September is recognized as National Hispanic Heritage Month. At this time it is appropriate to take a glimpse into Army Nurse Corps History and recognize the tremendous service early Hispanic nurses made to our nation. A pioneer is defined as an innovator in any field, someone who blazes the trail, defines new terrain and territory. During WWII, a small group of Hispanic Women pioneered their path in the Army Nurse Corps. These women and all Army Nurse Corps Officers of Hispanic culture deserve recognition and appreciation for their courage and resolution.

In 1944, the United States Army inducted large numbers of Puerto Rican troops to serve in the Caribbean and South Atlantic Theater of Operations. This resulted in the Army's Antilles Department reversing their decision to not accept Puerto Rican nurses into the Army or Navy Nurse Corps. It was determined that Puerto Rican nurses could alleviate the growing language barrier in the hospitals. A plan to procure and commission Puerto Rican Nurses for service in the Army Nurse Corps resulted.

The Surgeon General's Office, the Governor of Puerto Rico, the Commissioner of Health of Puerto Rico and a group of reputable physicians collaborated to determine criteria that would be used to grant Puerto Rican nurses entrance into the Army Nurse Corps. Considering the impact of commissioning these nurses and its affect on the civilian population of Puerto Rico, the following criteria was considered during the selection of these nurses: the candidates were not holding key civilian positions, that the majority were not employed in government positions and that their private employers were willing to relinquish their services. In addition to this consideration, the Department Surgeon interviewed the potential recruits, investigating their educational and professional qualifications.

In accordance with the above criteria, thirteen nurses were commissioned into the Army Nurse Corps. They were Venia

Hilda Roig, Rose Mary Glanville, Asuncion Bonilla-Velasco, Elba Cintron, Casilda Gonzalez, Olga Gregory, Eva Garcia, Carmen Lozano, Margarita Vilaro, Medarda Roasario, Aurea Cotto, Julie Gonzalez and Marta Munoz-Otero. These nurses completed assignments at the Post of San Jaun, P.R. and Camp Tortuguero, P.R. The Puerto Rican Army Nurses were applauded for their bilingual language abilities. Spanish-speaking patients expressed great appreciation for the nurses from their homeland that could speak and write letters for them in their native language. The nurses also received praise from the continental doctors and nurses.

Stepping outside traditional boundaries and exhibiting a tremendous desire to contribute their talents, this group of nurses served with pride. They provide all present day Nurse Corps officers with inspiration to meet the challenges presented to them. During the month of September, we recognize these women and all past, present and future Hispanic Nurse Corps officers who have proudly served and continue to serve throughout the world today. Army Nurses: Ready, Caring and Proud!

Historical Data located at the Army Nurse Corps Archives, United States Army, Office of Medical History, Office of The Surgeon General, Washington D.C.

**AECF**  
**AMEDD Enlisted Commissioning Program**  
**LTC Susan Myers**

Greetings from Recruiting Command. I want to heighten everyone's awareness of one of the Army Nurse Corps' underutilized accession sources, the AMEDD Enlisted Commissioning Program or AECF for short.

AECF is a program that is available to all enlisted soldiers in the Army. The program allows soldiers who have completed the first 2 years of academic requirements for a baccalaureate degree in nursing (BSN) to submit an application and be selected to have the Army pay for the last 2 years of their nursing program. The program must be completed in no more than 24 consecutive months. The applicant must be able to complete all prerequisites and start the final 24 months in the same fiscal year in which they were boarded and selected. Funding caps are set at \$3,000 per semester or \$2,250 per quarter. There is an annual stipend for books as well.

**The FY03 deadline for application submission is 1 December 2002.** Over the past couple of years, available slots have gone unused due to lack of knowledge about the program. So please, get the word out in your MTF's and on your military installations. This is a wonderful opportunity for soldiers to transition as an officer into the Army Nurse Corps and help build the future Nurse Corps.

The FY03 AECF Guidelines can be accessed through the [GOARMY.com](http://GOARMY.com) website by clicking on "Career Professionals - AMEDD Programs", "Nurse Programs", and "Enlisted Program." The AECF Guidelines were emailed directly to

MTF staff training and education folks and post education centers.

We all can play a part in recruiting nurses for the Army Nurse Corps' future. Spreading the word about AECF is one way to contribute. The AECF Program Manager is SFC Charles Bradshaw. He can be reached via e-mail at: [AECF@usarec.army.mil](mailto:AECF@usarec.army.mil).

**NURSING RESEARCH UPDATE**  
**Standardizing and Comparing Nurses' Perception and Patient Falls Data at Two Army Medical Centers**

COL Eileen Hemman	LTC Patricia Patrician
Lori A. Loan, PhD, RNC	LTC(P) Laura R. Brosch
Nursing Research Service	Nursing Research Service
Madigan AMC	Walter Reed AMC

The purpose of this research utilization project was fourfold: 1) to standardize the definition of falls across two military medical centers, 2) to standardize the process for collecting falls data, 3) to ensure the standardized fall risk assessment instrument being used was valid and reliable, and 4) to formulate patient fall reports for nursing leaders.

This project was one component of a larger quality assurance project called the Army Nurse Corps Outcomes Database (ANOD), modeled after the California Nursing Outcomes Coalition (CalNOC). In this project, Walter Reed Army Medical Center (WRAMC) and Madigan Army Medical Center (MAMC) were seeking a systematic method of data collection to provide the evidence and insights needed to shape health care policy decisions. Data collection occurred from February 2001 to 30 September 2001 and was funded by the TriService Nursing Research Program.

**The Problem:** Neither facility knew if their number of patient falls were within an acceptable range. The data were fragmented and not comprehensive, therefore, they did not meet standardized definitions and collection requirements adapted from CalNOC. Both facilities lacked a standard definition of a patient fall and needed to update their comprehensive patient falls policy. The mechanisms for collecting and reporting patient falls data were scrutinized at both facilities. One facility had a fall risk instrument that had been developed in 1993, however, the validity and reliability of the instrument was not known. Upon review of WRAMC and MAMC's systems for fall risk evaluation it was determined that neither system was "evidenced-based."

The only valid and reliable scale found in current literature for measuring physiological anticipated falls was the Morse Fall Scale (1997). It consists of six variables (history of falling, secondary diagnosis, ambulatory aid, intravenous therapy/heparin lock, gait, and mental status) that have been shown to have predictive validity and interrater reliability. In order to determine high-risk cut-off scores, Morse recommends the scale be calibrated to each particular unit so that variance based on patient type is accounted for.

**Implementation:** The work was divided between both facilities, decreasing the workload by half. Testing was done at MAMC to determine an appropriate cut off score for fall risk. In order to evaluate whether to replace the current fall risk scale with the Morse Fall Risk scale and to determine the Morse scale cutoff, nurses were asked to score their patients' risk for fall using both scales. They were also asked if they felt the patient was at risk for falling.

Computer information system (CIS) inpatient documentation changes were made to incorporate the MORSE Fall Risk Scale. Both the WRAMC and MAMC fall data collection tools were rewritten to be able to provide information necessary for the comparison and benchmarking. The University of Washington Medical Center shared their in-hospital and home-based falls prevention patient education materials. These were modified with permission and incorporated in the hospital falls prevention plans. Templates for reporting fall data were tested. All of these changes and improvements were a result of the increased focus on falls and fall prevention brought about by the ANOD project.

**Findings:** Fall scale scores were compared to nurses' opinions of a patient's risk for falling. When the nurse felt the patient was at risk for falling, the current scale was 36% accurate and the Morse Scale was 84% accurate. When the nurse felt the patient was not at risk for falling, the current scale was 96% accurate and the Morse Scale was 91% accurate. A score of 45 or higher was selected as the cutoff score that indicated the patient was at risk for falling. This score was selected based on recommendations by Morse (1997), falls risk data from MAMC patients, and expert nurses' opinions about patients' risk for falling at WRAMC. Collaboration and standardization have made comparison of fall data between sites possible. It also decreased the workload for both facilities while improving the quality of the product. The Morse Fall Scale was superior in predicting patients who are at risk and who are not at risk for falling according to their nurses' opinion of risk for falling. Both hospitals decided to adopt the Morse Fall Scale and rewrite their hospital policies.

The multi-facility process used for this project can be transferred to other research utilization endeavors. In the current environment, which focuses on patient safety, this project sets a foundation for evidence based nursing practice in predicting patients at risk for falling and tracking falls. Using this growing database, the Army Nurse Corps will be able to explore interventions to prevent patient falls and improve patient safety.

**DIRECTOR HEALTH PROMOTION AND  
WELLNESS**

**Comments on H.E.L.P. Course**  
*COL Gemryl L. Samuels*

conceivable, now more than ever, that the US military will continue to provide this kind of assistance well into the future. Army Nurse Corps officers can expect to be essential members of the medical teams participating in these missions.

Training in preparation for these missions is vital and is available from a variety of sources. One course that is offered, Health Emergencies in Large Populations (H.E.L.P.), was created by the International Committee of the Red Cross with the participation of the University of Geneva and the World Health Organization and was offered for the first time in Geneva in 1986. This course is designed to meet the public health needs of health professionals working in emergency situations. I attended this course at The Johns Hopkins Bloomberg School of Public Health in Baltimore this summer.

The three-week intensive course, which is divided into two parts, is designed for health professionals such as: physicians, nurses, nutritionists, environmental health engineers, epidemiologist and public health officials. The goal of the course is to develop or improve the skills of health professionals and organizations providing emergency health services in humanitarian emergencies. A certificate of attendance was given to each participant. Continuing Education Units and graduate credits were also available for an additional fee.

Many international personnel from countries affected by war and natural disasters were in attendance. All course participants were given an opportunity to share their experiences from the field. The small group exercises, which focused on actual scenarios, gave us frequent occasions to network and learn from each other. It was not possible to deal extensively with all the topics taught within the restricted period. The following areas were given priority: conducting rapid initial health assessments; disaster management; basic public health actions in emergencies; nutritional assessments and implementation of nutritional programs in emergency situations; control of communicable diseases; reproductive health; health information and surveillance; clinical services; international law and human rights; and security.

Attending the HELP course will assist in the updates of preventive medicine related to: planning for health services from assessment of needs through the evaluation of the effectiveness of the assistance; conducting nutritional sampling and surveillance; determining health service support needed by existing medical facilities; standardizing treatment protocols and algorithms; coordinating health services within the context of other organizations to include the refugees themselves; and integrating strategies for control of communicable diseases with other sectors. Should you have an interest in attending the HELP course you can obtain more information at <http://www.jhsph.edu/refugee/help.html>.

Military humanitarian and disaster relief missions have provided care to a variety of populations worldwide. Despite the controversy surrounding these assignments, it is



**COMMUNITY HEALTH NURSING  
CONSULTANT UPDATE  
COL Sandra L. Goins**

**Highlights from Community Health Nursing Workshop  
LTC Teresa Hall, CHN**

The First Annual Community Health Nursing Workshop was held in Baltimore, Maryland on 11 August 2002 in conjunction with the DoD Population Health and Health Promotion Conference and the Annual Force Health Protection Conference. Over 50 Community Health Nurses (CHNs) participated in this daylong workshop. Topics highlighted included an overview of the history of Community Health Nursing, transformation of community health nursing in the Army Nurse Corps, and Child and Youth Services (CYS) comprehensive demonstration of the CYS Tracking System; a new automated program that tracks immunizations, health assessments, and many other items significant to the health of the CYS population. General Bester provided pre-lunch remarks and answered questions from the group. In addition, we were truly honored to have Dr. Linda Alexander, LTC(Ret) CHN, who provided the lunch presentation entitled "Women's Health and Community Health Nursing: A New Era With New Issues, Challenges and Opportunities."

Afternoon highlights included presentations on the operational concerns for CHNs, challenged CHNs to more active deployed roles, comprehensive summary of past CHN deployments to areas around the world, ways to better market CHN programs and Mr. Kevin Delaney, USACHPPM, introduced us to a new CHPPM program entitled "Health Information Operations" that is designed to develop, distribute and evaluate health education material. This workshop also provided a great opportunity for CHNs from all regions to continue to network and share program ideas.

Key comments shared from Regional Consultants included (1) mentoring and ensuring appropriate counseling (to include writing OER support forms) and professional development for all new 6AF5 graduates at every assignment; (2) ensuring that core CHN program are in place; (3) and development of a web-site for CHNs. COL Gemryl Samuels provided the closing presentation, "Where We're Going", which outlined the CHN Action Plan for FY 03. Many thanks to all the distinguished speakers for their time and expertise.

**CHN Monthly VTC:** The monthly CHN VTC schedule for CY 02 follows. Please submit agenda items, issues and speakers to COL Goins for any upcoming sessions.

- 10 Sept 02, 1530-1730 EST All Staff
- 8 Oct 02, 1115-1315 EST Senior CHNs
- 12 Nov 02, 1530-1730 EST All Staff
- Dec – NO VTC

**References to Review:**

Health, United States, 2001 with Urban and Rural Health Chart book, DHHS, CDC and NCHS, August 2001. An extensive review of urban and rural health using health determinants of health behaviors and risk factors, mortality,

**ARMY NURSE CORPS NEWSLETTER SEPTEMBER 2002**

health care access and use. This volume is also available on line at [www.cdc.gov/nchs](http://www.cdc.gov/nchs) and click on "top ten links" and "Health, United States." This is the 25<sup>th</sup> report on the health status of the nation.

Epidemiology and Prevention of Vaccine-Preventable Diseases, DHHS, January 2002, 7<sup>th</sup> Ed. Everything you ever wanted to know about immunizations is compiled in a single reference book and includes such topics as Principles of Vaccination, General Recommendations on Immunizations, and Immunization Strategies for Health Care Practices and Providers, including recommendations on anthrax and smallpox.

**Continuing Education Opportunities:**

2002 American Public Health Association Annual Meeting, 9-13 November 2002, in Philadelphia, PA. For additional information, go to [www.apha.org](http://www.apha.org).

**MATERNAL CHILD HEALTH CONSULTANT  
LTC Ramona Fiorey**

Each year the Armed Forces Section of AWHONN recognizes outstanding officers in the field of OB/GYN/Neonatal Nursing by conferring three separate Awards of Excellence in Education, Practice and Research. An outstanding junior officer from each service (Army, Navy and Air Force) is also recognized for achievement early in his/her career. The recipient of each award will receive a plaque and payment of one year's membership dues to AWHONN. The recipients of the Armed Forces Section Awards of Excellence will also have their nominations submitted for consideration in the national AWHONN awards program. The nomination forms and eligibility criteria follow at the end of this newsletter on page 16 & 17. **The deadline for submission is 29 September.** Senior Nurse Leaders and OB/GYN Nursing supervisors and Head Nurses, please take time to submit a nomination for a deserving officer working in this specialty area.

**RESERVE IMA NEWS  
DIMA, Assistant Chief, ANC  
COL Carol Swanson**

I recently had the opportunity to visit a multi-compo unit to determine what challenges to AC/RC integration they were experiencing. I found that these units provide an excellent opportunity for "The Army" concept to excel! They provide a forum for all the challenges we face in our quest for "seamlessness."

We currently have two Combat Support Hospitals under the Command and Control of the US Army Reserve Command. Active Component (AC), Active Guard Reserve (AGR), drilling Reserve Component (RC) and PROFIS soldiers all occupy a paragraph and line number in these units. The AC and AGR soldiers perform duty with the unit on a full time basis. The drilling RC soldiers perform 48 drills (24 days) and two weeks of annual training (AT). The PROFIS soldiers

train with the unit as scheduled and, upon mobilization would join the AC, AGR and drilling RC soldiers to fill out the unit. An awesome concept: the AC soldiers are not there as "advisors," but are as much a part of the unit as the RC full timers and the RC and PROFIS part timers.

Besides the readiness training challenges that all RC units have, there are personnel system differences and a knowledge deficit about each other's systems. We don't know what we don't know about each other until we try to pay soldiers, get them promoted, get them to schools, etc. For example, AC soldiers are funded for travel and training differently than RC soldiers. AC soldiers are plunged into an RC world with little or no formal training.

Multi compo units are where the rubber meets the road for AC/RC integration. They are forging the way down this road to seamlessness. Getting to know each other will require patience, a willing spirit and teamwork. I congratulate and encourage those willing to take on this integration challenge as just another opportunity to excel!

If you have any questions, you may contact me at [carol.swanson@us.army.mil](mailto:carol.swanson@us.army.mil) or the Nurse Corps Branch at 1-800-325-4729 x2 if you have further questions. Also visit their website through AKO at 2xcitizen.com.

**TIDBITS FROM QM: APN PRIVILEGING**  
*LTC Janet Wilson*

This overview presents current requirements for privileging Advanced Practice Nurses (APN) and highlights the more significant changes to come. The new Army Regulation 40-68 will supercede AR 40-48, replace the current AR 40-68, all interim changes and all information papers previously released on this topic.

Privileging of APNs require one to consider the individual, the personnel category in which the APN will be employed, education and practice history. GS employees must meet and maintain all conditions of employment as outlined in the OPM guidelines. Active duty graduates of early APN programs that did not result in a graduate degree such as the Army Nurse Practitioner Course, may request privileges with evidence of continuous competent practice. All other APNs must be at least masters prepared and eligible to sit for a recognized national certification exam. Graduates of LTHET civilian or USUSHS APN programs are expected to sit for and pass the certification exam within 1 year of graduation. When released, the new AR 40-68 will also mandate state recognition or authorization for practice as an APN. The regulation will grant a specified period for compliance. Federal or fee exempt DEA numbers are not available to APNs nor are there plans underway at this time to make this happen.

Contracts must be reviewed and considered when hiring and approving requests for privileges. Personal service contractors are generally treated as GS employees and are normally covered by the Federal Torts Claim Act. Non-personal service

contract staff must meet all requirements of the state in which practice is to occur. Documentation (license, state certification, registration or authorization) is required from the state recognizing these individuals as APNs. Also required will be prescriptive authority and DEA numbers if mandated by the state. The Federal Torts Claim Act generally does not cover non-personal service contractors.

The designated physician or preceptor and alternate must be identified on the 5440A "Delineation of Privileges Record" in section 5. This **does not** imply supervised practice. This person serves as a resource for practice issues. IAW 40-48, the physician and the APN will agree upon protocols to be used. These protocols may consist of a commercial product. The use of protocols **is not** mandated in the new AR 40-68. All APNs must demonstrate current competency and meet educational requirements commensurate with requested privileges. Educational programs prepare APNs for specific roles. Certification attests to a specific knowledge base and skill set in association with an educational program. Therefore, APNs may not be used in roles other than what their educational program prepares them for and their associated certification.

Other questions specific to the credentialing and privileging of APNs may be addressed to the Quality Management Directorate, LTC Janet Wilson, at (210) 221-6195 or DSN 471.

**ARMY NURSES JOIN THE AIR FORCE  
CRITICAL CARE AIR TRANSPORT TEAM**  
*MAJ Lorraine M. Knight, AN CNS, LPMC*

Army Critical Care Nurses stationed at Landstuhl Regional Medical Center have the privilege of serving with their Air Force counterparts as members of the Critical Care Air Transport (CCAT) Team. The addition of the CCAT Team to the existing Aeromedical Evacuation System allowed structured en route care for the critically ill and injured whenever and wherever required. This concept evolved from changes in the aeromedical evacuation policies following Desert Shield/Desert Storm and Operation Restore Hope.

The CCAT Team is a rapidly deployable resource and consists of a critical care nurse, physician with critical care experience and a respiratory care practitioner. The team is self reliant, carrying all supplies and equipment to care for up to three critically ill patients for 16 hours. All supplies and equipment are organic to the team and must be carried throughout the mission by team members. Typically three large duffle bags are employed; one respiratory, one procedure and one nursing; containing everything from antibiotics to ACLS medications to IV fluids. The CCAT Team augments the current AE system by providing continuous stabilization and advanced care during transport to the next echelon of care either within the European Theatre or to CONUS.

Team members pull call an average of 1 week out of every 2 months with back-up call the week prior. Once a mission is

identified, team members have a 2-hour response time to have all required equipment and be on the flight line. Team members are trained to provide in-flight care in both fixed wing aircraft and helicopters. Generally, the C-9 Nightingale is the preferred aircraft because of the availability of in-line suction and oxygen. Other aircraft are utilized depending on availability and mission requirements. The peacetime CCAT Team responds to requests from throughout Europe, Africa and Southwest Asia for beneficiaries located in both military and civilian medical facilities.

Once selected, team members attend the Critical Care Air Transport Team Course at the USAF School of Aerospace Medicine at Brooks Air Force Base in Texas. This 12-day course is designed to prepare participants to care for critically ill/injured patients throughout the aeromedical evacuation system. To achieve course objectives students receive familiarization training with evacuation aircraft, exposure to the stressors of flight including a high altitude chamber ride, additional clinical training through the Fundamental Critical Care Support Course and a detailed review of the CCAT Team mission, equipment and organization. Passing scores on two lengthy exams and completion of a training flight are also required. Participants complete the Operational Support Flying Profile in the altitude chamber and experience first hand the effects of gas expansion, hypoxia and rapid decompression. This course is challenging, yet rewarding.

**212<sup>th</sup> MASH Nurses Forge Relationship with 5501<sup>st</sup> USAH Staff Through Training Exercises**  
*MAJ Suzanne Richardson*

It was 0200 on the 12<sup>th</sup> of August and the 212<sup>th</sup> MASH was in its first hours of a 12-hour, 263-mile convoy from Miesau, Germany to the Combat Maneuver Training Center (CMTC) in Hohenfels, Germany. The unit just successfully completed the first phases of its External Evaluation (EXEVAL) where they provided level III health care over a five-day period to live surgical and moulaged patients and disestablished the 36-bed hospital in preparation for a move forward and re-establishment in a new location. The MASH's new mission: establish a 20-bed facility in preparation for the 5501<sup>st</sup> United States Army Hospital's (USAH) mission rehearsal exercise (MRE) and then provide observer-controller support during the exercise.

The events of 6 to 23 August provided many firsts for both the 212<sup>th</sup> MASH and the 5501<sup>st</sup> USAH. This was the first time the MASH conducted such an extensive convoy during a training exercise. The unit moved 68 vehicles and equipment through Germany from the France to the border of the Czech Republic, effectively proving the unit's 100% mobility. The MRE at the CMTC was also a first for many health care providers as this was the first exercise where level III health care support was incorporated into a CMTC rotation. Normally the maneuver and health care units conduct separate exercises. Operating in an austere field environment was also a first for most members of the 5501<sup>st</sup>.

The 5501<sup>st</sup> USAH's primary mission is to backfill Brooke Army Medical Center and the staff normally trains at BAMC with fixed facility personnel and equipment. In May, the unit was given the task of deploying to Bosnia to serve as the SFOR 12 crew for a 9-month rotation. Personnel began deploying to Germany and Bosnia at the end of July just two months after being alerted of their deployment mission; a quick alert and deployment process for any hospital unit.

CPT Rowdy Anthony, 212<sup>th</sup> MASH EMT Head Nurse stated, "The EXEVAL with the 212<sup>th</sup> MASH prepared us in many ways. The exercise allowed us to refine our skills in preparation for deployment and enhanced our skills needed to serve as observers to teach coach and mentor the 5501<sup>st</sup> during their EXEVAL." CPT Greg Hubbs, 212<sup>th</sup> MASH ICU nurse noted that the exercise process allowed both units to work through scenarios to flush out any problems and mistakes in order to deploy safely and effectively. LTC Beverly Cornett, 30<sup>th</sup> Medical Brigade Chief Nurse stated, "I was fortunate to be able to evaluate both the 212<sup>th</sup> MASH and the 5501<sup>st</sup> USAH. Both units did an outstanding job. It has been a pleasure to work with the Task Force Medical Eagle team to prepare them to assume their mission in Bosnia."

The field exercise was a developmental process for the 5501<sup>st</sup>. Members of the unit spend their weekend drills working at BAMC, but don't have the opportunity to work closely with one another on a regular basis as they train in a variety of units throughout the hospital. The MRE gave them the chance to get to know one another and develop as a team. SSG Jesse Soto is an Intensive Care Unit 91WM6 with the 5501<sup>st</sup>. He stated that the exercise was "a real eye opener in transitioning from hospital nursing to field nursing. This exercise really gives you the sense that nurses have to be multipurpose soldiers." CPT Rollason, 212<sup>th</sup> MASH ICU nurse stated, "Out in the field environment, there appears to be much more team work than in the fixed facility. This team work is a must for getting the mission of patient care accomplished."

LTC Joseph "Jody" Warren, 5501<sup>st</sup> USAH Chief Nurse summed up the outcomes of this exercise. He stated, "One of the great parts of Army nursing is the opportunity to practice clinical and administrative skills in multiple environments. Army nursing gives each member of the Army Nurse Corps an opportunity to demonstrate that the word "nurse" is both a noun and a verb." Members of both the 212<sup>th</sup> MASH and the 5501<sup>st</sup> came together as teams to facilitate the process of delivering the highest level of health care to soldiers on the battlefield. As a result of both the 212<sup>th</sup> MASH EXEVAL and the 5501<sup>st</sup> MRE, both units successfully sustained the fighting force.

## 16<sup>th</sup> Annual Pacific Nursing Research Conference Call for Abstracts

The 16th annual Pacific Nursing Research Conference is co-sponsored by the Tripler Army Medical Center and the University of Hawai'i at Manoa School of Nursing and Dental Hygiene. This conference is dedicated to sharing nursing research findings and to fostering the utilization of research findings by clinicians. Nurses are invited to submit abstracts for poster or podium presentation for the conference to be held at the Hilton Hawaiian Village in Honolulu, Hawaii, **March 7 and 8, 2003**. The POC is LTC Hyacinth Joseph at (808) 433-2753. **The abstract submission deadline is 30 SEP 02.** See page 13 & 14 for the abstract guidelines.



**LTC Della Stewart**, AN successfully defended her doctoral dissertation at the George Mason University on 7 August 2002. Dr. Stewart's Dissertation is entitled "The Relationship of Job Stress to Job Satisfaction and the Intent of Army Nurse Corps Officers to Stay in Active Military Service." Her utilization assignment will be at the Nursing Research Service at Brooke Army Medical Center.

**MAJ (P) Thurmond** was awarded the 2002 University of Kansas Nurses Alumni Research Award for her dissertation research topic. The \$1,000 award is given annually to one student on a competitive basis by the School of Nursing Research Committee. The selection is based on the merits of the research proposal. MAJ Thurmond's dissertation will be on the Evaluation of Web-based Courses.

**Congratulations to Mr. Glen Ramsborg, LTC Tim Newcomer and MAJ Debbie Cox**, who all were co-producers of the 100th Anniversary of Army Nurse Anesthesia video for the video winning a Certificate of Merit from the International Film Festival.



Congratulations to **LTC Della Stewart** for her recent publication; Stewart, D. (2002). Conflict in fiduciary duty involving health care error reporting. MedSurg Nursing, 11(4), 187-191.

**MAJ (P) Veronica Thurmond**, a doctoral candidate at the University of Kansas School of Nursing recently published: Thurmond, V. A., Wambach, K., Connors, H. R., & Frey, B. B. (2002). Evaluation of student satisfaction: Determining the impact of a Web-based environment by controlling for student characteristics. The American Journal of Distance Education, 16(3), 169-190.

## NEWS FROM AROUND THE AMEDD NEWS FROM AROUND THE AMEDD

### ANC Strategic Issues Conference

The Strategic Issues Conference is **9-12 September** in San Antonio, Texas. Welcome letters were sent in late June to invitees. The POC is LTC Yolanda Ruiz-Isales, [Yolanda-Ruiz-Isales@amedd.army.mil](mailto:Yolanda-Ruiz-Isales@amedd.army.mil), at (210) 221-6659 for further information.

### Military Order of the Purple Heart Annual Memorial Service

The Military Order of the Purple Heart, a veteran's organization comprised of recipients of the Purple Heart Medal, will hold its annual Memorial Service honoring Wartime Nurses at the Nurses Memorial, Arlington Cemetery at **2:00 pm on Friday September 13, 2002**. This annual memorial service gives our National Officers and members of Military Order of the Purple Heart the opportunity to recognize the nurses who are instrumental in caring for our wounded service members.

The Nurses Memorial is located in Section 21 of Arlington Cemetery, which is just west of the Amphitheater on Porter Drive. Seating will be available. Please notify Joyce Beene, Executive Assistant, at (703) 642-5360 if you plan to attend.

### AMSUS 2002 Conference

The 108<sup>th</sup> Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) is in Louisville, Kentucky **10 - 15 November 2002**. The poster sessions will be held Monday, 11 November 2002.

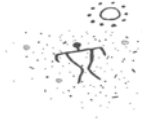
### The 2002 Colonel Charles J. Reddy Leader Development Program

The COL (Ret) CJ Reddy Junior Officer Leader Development Program is **9 - 12 DEC** in Washington, D.C. The POC for the conference is LTC Kelly Wolgast at [kelly.wolgast@belvoir.army.mil](mailto:kelly.wolgast@belvoir.army.mil), (703) 806-3027. The suspense for attendee names is 10 SEP. **The distribution of funded seats are as follows: MTFs and MEDCENs - one each, 18<sup>th</sup> MEDCOM - one, Europe -one, Recruiting Command - one, FORSCOM - one, AMEDD C&S - one and Cadet Command - one.**

### CHN Referrals for Korea Reminder

**Referrals for Korea:** Forward all CHN referrals for Korea to MAJ(P) Angeline Hemingway, Korea CHN Consultant. Do not send them to the other CHN addresses noted on the CHN roster. Contact MAJ(P) Hemingway via Outlook if questions.





## SIXTEENTH ANNUAL PACIFIC NURSING RESEARCH CONFERENCE

"Weaving a Community of Scientific Inquiry and Practice"

**March 7 & 8, 2003**

***Hilton Hawaiian Village (Waikiki) Honolulu, Hawaii USA***

### **Call for Abstracts**

The 16th annual Pacific Nursing Research Conference is co-sponsored by the Tripler Army Medical Center and the University of Hawai'i at Manoa School of Nursing and Dental Hygiene. This conference is dedicated to sharing nursing research findings and to fostering the utilization of research findings by clinicians. Nurses are invited to submit abstracts for poster or podium presentation for the conference to be held at the Hilton Hawaiian Village in Honolulu, Hawaii, March 7 and 8, 2003.

**ABSTRACT SUBMISSION DEADLINE: 30 SEPTEMBER 2002**

#### Presentation Formats

- Each PODIUM presentation will be 15-20 minutes in length
- The POSTER session will consist of visual displays

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#### Abstract Requirements

- All research topics are welcome.
- Research must have been initiated and/or completed within the past five years.
- Research must be completed by the time of submission to be eligible for podium presentation.
- In-progress or completed research or projects are eligible for poster presentation.
- Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors/investigators.
- Funding sources should be noted on the abstract.
- Clinical applications and projects are eligible for poster presentation.
- Abstracts must be received by deadline, **30 September 2002**
- Submit an original abstract as an e-mail attachment in MS Word or Wordperfect.

#### Selection of Abstracts

- A blinded-review of abstracts will be conducted by a committee.
- Selection will be based on clarity, logical consistency, and coherency of research.
- All abstracts will be reproduced in a book of proceedings. Submission implies approval to reprint the abstract in the proceedings book, and title and author on announcement of conference.
- Unless otherwise specified, the first author is expected to be present at the conference.
- Attendees are responsible for conference registration fees as well as travel and lodging costs.

#### Abstract Preparation

- Abstracts must be limited to a single page. Abstracts longer than one page will not be considered.
- Indicate on the author form whether abstract is to be considered for podium or poster presentation.
- Abstract must address the following areas:
  - Aims/objectives of the research
  - Theoretical framework (if applicable)

- Research design, study sample, methodology
- Statistical analysis
- Study findings
- Discussion and implications for nursing
- Funding sources should be noted on bottom of abstract.
- Margins set to 1 inch.
- Minimum font size is 12-point type.
- Study title centered at the top.
- Names of investigator(s) and institution(s) centered under the title.

**Please specify author contact information on separate page:**

1. Specify whether abstract is to be considered for poster or podium presentation.
2. Presenter Contact Information (Specify name, title, affiliation, address, phone and e-mail):

Name \_\_\_\_\_

Title \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

e-mail \_\_\_\_\_

fax \_\_\_\_\_

3. Other authors (Name, title, affiliation, address, phone, and e-mail).
4. Two learning objectives, content outline for each objective and presenter's curriculum vitae **MUST** accompany each submission.

**Please submit the original abstract with author contact information, two learning objectives, content outline for each objective and presenter's cv as an E-mail attachment in MS Word or Wordperfect to:**

e-mail: [patricia.wilhelm@haw.tamc.amedd.army.mil](mailto:patricia.wilhelm@haw.tamc.amedd.army.mil)

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**Notification of acceptance and further instructions will be sent no later than 30 November 2002.**

**For further information please contact:**

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AWHONN Armed Forces Section

AWARDS OF EXCELLENCE/ JUNIOR NURSE OF THE YEAR

**Eligibility:** Nominees:

1. Must be a currently licensed, registered nurse.
2. Must be a member of AWHONN, Armed Forces Section.
3. May be nominated by a superior, a peer, or may self-nominate.
4. Junior Officer nominees must be in the rank of 01-03 at the time of selection.

**AWARDS CRITERIA:**

**PRACTICE:**

1. Demonstrate advocacy for clients.
2. Improve the delivery of women's and newborns' health nursing care using innovative approaches.
3. Demonstrate a contribution in their area of practice that has national or international implications.
4. Reflect AWHONN's goals and standards to influence women's and newborns' health nursing practices.
5. Possess exceptional clinical expertise.
6. Enhance the image of nursing through nursing practice.
7. Maintain their own professional development.

**EDUCATION:**

1. Demonstrate a contribution to the knowledge base of women's and newborns' health nursing.
2. Improve the practice of professional women's and newborns' health nursing through teaching excellence.
3. Make an individual contribution in their area of teaching that has national or international implications.
4. Reflect AWHONN's goals in contributing to women's and newborns' health nursing education.
5. Maintain their own professional development.

**RESEARCH:**

1. History of funded research with a significant contribution in women's and newborns' health nursing.
2. Publish research in refereed journals.
3. Reflect AWHONN's goals in contributing to women's and newborns' health nursing research.
4. Demonstrate clinical applications in research.
5. Demonstrate a high level of scholarship in published work.
6. Promote women's and newborns' health nursing research in AWHONN, nursing or the public.
7. Maintain their own professional development.

**JUNIOR NURSE OF THE YEAR (one to be selected from each service):**

1. Demonstrates contributions to unit success through clinical performance.
2. Maintains own professional development through education and/or specialty certification.
3. Makes an individual contribution in teaching that has local, national or international implications.
4. Reflects AWHONN's goals and standards in contributing to research on women's health issues.
5. Demonstrates exceptional leadership in provision of women's health and/or newborn health care.
6. Contributes to the military and/or local community.
7. Maintains involvement in women's health and/or newborn specialty organizations.

**NOMINATION GUIDELINES:**

1. Be typewritten on the Armed Forces Section Award Nomination Form (entries may be made on photocopies of form) or be computer generated, using the Nomination Form format.
2. Include nominee's consent on the nomination form.
3. Include the nominee's curriculum vitae.
4. Include a narrative statement (no more than two pages) detailing the nominee's accomplishments.

AWHONN Armed Forces Section

Award of Excellence/ Junior Nurse of the Year Nomination Form

Nominee Grade/Full Name: \_\_\_\_\_

Credentials: \_\_\_\_\_ SSN: \_\_\_\_\_

Duty Position/Description: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: DSN: \_\_\_\_\_ Commercial: \_\_\_\_\_

Preferred Mailing Address: Home: \_\_\_\_\_ Work: \_\_\_\_\_

RN License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Years of Membership in AWHONN: \_\_\_\_\_

Category of Award: Education \_\_\_\_\_ Practice \_\_\_\_\_ Research \_\_\_\_\_ Junior Nurse \_\_\_\_\_

Nominator's Grade/Full Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: DSN: \_\_\_\_\_ Commercial: \_\_\_\_\_

I acknowledge and accept this nomination for an AWHONN Armed Forces Section Award  
(may be accompanied by nominee's e-mail acknowledgement, if applicable)

---

Signature/Rank

Date

**REMINDER:** Applications will be considered only if they include:  
Completed Nomination Form (typewritten or computer generated)  
Curriculum Vitae  
Narrative Statement

Send your completed application to: Awards of Excellence, Major Rebecca L. Cypher, e-mail: [RLCJUMPER@aol.com](mailto:RLCJUMPER@aol.com) or mail to 10731 Sarah Barton Circle, Eagle River, AK 99577-7100.

For any questions, please phone: (907) 580-1610.